

Program Assurances

Please affirm that the following statements are true and accurate. Affix the appropriate signature where indicated. **The application will not be considered complete without the required signature and shall be disqualified from consideration.**

We the undersigned assure that our organization:

1. Primary purpose is to promote childbirth, rather than abortion, through counseling and other services, including parenting and adoption support **(3.1 C.)**.
2. Will provide services to pregnant women and parents or other relatives caring for children twelve months of age and younger, including clothing, counseling, diapers, food, furniture, health care, parenting classes, postpartum recovery, shelter and any other supportive services, programs or related outreach **(3.1 D.)**.
3. Will not charge pregnant women and parents or other relatives caring for children twelve months of age or younger a fee for any services received **(3.1 E.)**.
4. Is not involved in or associated with any abortion activities, including providing abortion counseling or referrals to abortion clinics, performing abortion-related medical procedures, or engaging in pro-abortion advertising **(3.1 F.)**.
5. Will not discriminate in its provision of services on the basis of race, religion, color, age, marital status, national origin, disability, or gender **(3.1 G.)**.
6. Will only sub-contract or sub-grant services to entities that are; private, not-for-profit organizations; physically and financially separate from any entity, or component of an entity, that engages in abortion activities; and not involved in, or associated with, any abortion activities including providing abortion counseling or referrals to abortion clinics, performing abortion-related medical procedures, or engaging in pro-abortion advertising **(3.1 H.)**.
7. Will comply with the requirement of 5101.804 of the Ohio Revised Code.

Organization Name: Elizabeth's New Life Center

Printed Name of Director/CEO: Vivian Koob

Signature

Date